



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT

Division of Workforce Solutions
Bureau of Workforce Programs

**TO: Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

FROM: Stephen M. Dow
Employment Support Unit
Workforce Policy Development Section

**SUBJECT: CHILD CARE DATA COLLECTION
FOR THE LICENSE / CERTIFICATION DENIAL DATABASE**

CROSS REFERENCE: § 48.651(2m) and § 48.685(4m)(a), Wis. Stats.
HFS 12 Wisconsin Administrative Code

EFFECTIVE DATE: Immediately

PURPOSE

This memo provides information on data collection for the license/certification denial database. The new system will capture information on individuals who have had a day care or foster care license or day care certification denied, revoked or refused to renew based on reasons in the caregiver background law specified in § 48.685(4m)(a), Wis. Stats., and HFS 12, the caregiver background check rule. The certifying agencies are required to provide this information to DHFS in accordance with § 48.651(2m).

BACKGROUND

The new database will be linked to the system that generates the DHFS report and will include denials, revocations and non-renewals of licensed and certified programs for reasons based on the caregiver background check law. Information will be entered into the database for all denials/revocations since the caregiver background check law became effective in October 1998.

BWP OPERATIONS MEMO

No.: 01-88

File: 7110
7120

Date: 12/27/2001

Non W-2 ☐ **W-2** ☐ **CC** ☒

PRIORITY: Medium

THE CAREGIVER BACKGROUND CHECK PROCESS

When the Criminal History Record Request form is submitted to the Department of Justice (DOJ) a report is generated from DOJ that includes charges and convictions of criminal acts. A second report is generated from DHFS that lists the status of the person's credentials as they relate to the care and treatment of a client. In the future, this report (also known as the IBIS-letter) will include the information on license/certification/foster home denials.

The report will indicate the name, date of birth and social security number of the person who was denied/revoked. The date of the action and the type of facility are also indicated in the letter. If the certification was denied due the provider's husband's record, the provider's information will be entered into the database. The denial is due to a caregiver background check issue may be due to the husband, but the certificate was denied to the provider.

A phone number of the regulating agency that made the decision to sanction will be listed for further information. **It is important that the certifying agencies notify of any phone number or address changes to the Office of Child Care.**

DATA COLLECTION AND INPUT

The Office of Child Care is going to collect information from the certifying agencies on certification denials/revocations to be entered into the new system. The certifying agencies must report each denial/revocation/refusal to renew to the Office of Child Care by using the enclosed "HFS 12 Denial or Revocation" form (CFS-2191). The form can be down-loaded from the Caregiver Web Site at: <http://www.dhfs.state.wi.us/caregiver/>. Click on "HFS Denial and Revocation form".

Milwaukee County is going to enter this information directly into the database through the World Wide Web.

The database went on-line on December 18th, 2001.

DATA TO BE COLLECTED

According to § 48.651(2m) Stats., "each county department shall provide the department with information about each person who is denied certification for a reason specified in § 48.685 (4m)(a) 1. to 5."

This means that the following cases of denials, revocations, and refusals to renew **must** be reported to the Office of Child Care:

1. The person has been convicted of a serious crime that bars the person from being certified.
2. The person has abused or neglected a client or misappropriated the property of a client.
3. The person has abused or neglected a child.

Note: When the caregiver law went into effect in 1998, the law included a list of crimes that permanently barred a person from certification. These cases must be reported to the Office of Child Care.

TIME FRAME

Caregiver-related denials, revocations and refusals to renew must be reported to Office of Child Care as follows:

1. Denials done during the period of 10/1/98 to present must be reported by 01/31/02.
2. Certifying agencies must report new cases after the appeal period is exhausted.

The most current information on the caregiver law can be found at:

<http://www.dhfs.state.wi.us/caregiver/index.htm>.

That site has links to HFS 12 and Chapter 48 as well as the Caregiver Manual.

Return the completed forms to:

DWD Office of Child Care
Attn: Pirkko Zweifel
GEF 1, Room G100
201 E. Washington Ave.
PO. Box 7935
Madison, WI 53707-7935 Fax: 608-267-6968

FORM CFS 2191

The form on the last page of this memo is a facsimile only. In reporting, do not use this facsimile.

CONTACTS

Address questions to:

Pirkko Zweifel, Office of Child Care
Email: zweifpi@dwd.state.wi.us
Phone: 608-261-4595

FACSIMILE OF FORM

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Children and Family Services

CFS-2191 (08/2001)

STATE OF WISCONSIN**HFS 12 DENIAL OR REVOCATION**

Use of form: Use of this form is voluntary, however, completion of this form meets the requirement specified in HFS 12, Adm. Code. Information collected on this form will be entered into the Department of Health and Family Services' Children's License Denial database which lists individuals whose license / certification has been denied or revoked for reasons specified in HFS 12 for any Foster Home, Child Placing Agency, Contracted School Board or Certified Day Care Facility. Personally identifiable information including the social security number is confidential and will only be used to aid in identifying the correct individual.

Instructions: The completed form should be sent to the appropriate address listed at the bottom of the form.

- ☐ Delete Record
☐ Add New Record

Name - First	Name - Middle	Name - Last
Social Security Number		Birthdate (mm/dd/yyyy)
Entry Identifier (Enter appropriate number below.)		
<input type="checkbox"/> County Number	<input type="checkbox"/> Child Placing Agency ID Number	<input type="checkbox"/> Assigned ID Number
Regulator Agency		Name - County
<input type="checkbox"/> Bureau of Programs and Policies (BPP) <input type="checkbox"/> Department of Workforce Development (DWD) <input type="checkbox"/> Bureau of Regulation and Licensing (BRL) <input type="checkbox"/> Local School Board (BRD)		
Regulation Type		
<input type="checkbox"/> Child Placing Agency	<input type="checkbox"/> Foster Care	<input type="checkbox"/> School Age Certification
<input type="checkbox"/> Day Care Certification	<input type="checkbox"/> Treatment Foster Care	<input type="checkbox"/> School Board
Action		Date - Action Taken (mm/dd/yyyy)
<input type="checkbox"/> Denied <input type="checkbox"/> Revoked <input type="checkbox"/> Nonrenewed		
Name - Person Who Submitted Information		

License Type

Foster Care and Treatment Foster Care

Child Placing Agency

Certified Child Care

School Board Contracted Child Care

Mail To:

DHFS / DCFS / BPP
 P.O. Box 8916
 Madison, WI 53708-8916

DHFS / DCFS / BRL
 P.O. Box 8916
 Madison, WI 53708-8916

DWD / DWS / OCC
 GEF 1 Room G100
 P.O. Box 7935
 Madison, WI 53707

Local School Board